



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R14 / 10-17) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

							FILE NUMBER
							1
1. IS THIS AN AMENDMENT?	Yes	☐ No If Yes,	please enter	the file num	ber in this box	x>	410-20-08
	7.1						
SECTION A. CANDIDATE			in all applic	able boxes	as fully and	accurate	ly as possible.
2. Last Name	Fir	st Name	Middle Na	ame	Nickname		3. Type of Committee (Check one)
Dura chance		MICHAEL	- FRAN	(Oic	Mike	_	Candidate's Principal Committee
MOLLENDAUER	0	11CHAE -	- / / //	S			Exploratory Committee
4. Mailing Address (number and street, city, s		1		5. FAX (Optiona	1)	6. E-mail A	ddress (Optional)
1510 Michiga	VA	VENUE,		()			
7. City	State	ZIP Code	8. County_	9. 7	Telephone (Day)		10. Telephone (Evening)
LA PORTE	IN	46350	LAPOR	TE 2	319-608-5	5456	
		70330	117 10K	- / C	7/9/- (000 -	or if any Ma	() t required for an exploratory committee.)
11. Party Affiliation	_		12. 0	mice Sought (Int	Clude district riumb	er, Ir arry. NO	required for all exploratory committee.)
Democratic Libertarian Repub	lican 📙	Other		DUNTY	CouNCIC	- 171 -	LARGE
SECTION B. COMMITTEE	INFO	RMATION: Fill	in all applic	able boxes	as fully and	accurate	ely as possible.
13. Full Name of Committee (Do not abb	reviate.)	Check if this is a	new name.		· .		
MIKE MOLLEN	VhA	LUER FI	OR COUL	VTU C	OUNCIL		
14. Mailing Address (number and street, city,	state and	ZIP code) P Check i	f this is a new add	ress. 15. FAX (0	Optional)	16. E-mail	Address (Optional)
^ .		. /		w can			
		YVENUE,	10.0	()	Telephone	121). Committee Organization Date
17. City	State	ZIP Code	18. County	19.	relephone		
LATORTE	IN.	46350	LATORI	£ (d	219-608-5	5456	nm/dd/yy)01-13-2020
21. Chairperson's Full Name Desi	gnate Ca	andidate as Chairperso					
10 1	-00						
MICHAEL F.	,, /	OLLENHAL	くとん	22 FAV //	Ontionall	24 E mail	Address (Optional)
Mailing Address (number and street, city.				ress. 23. FAX (C	Эрионан)	Z4. L-Illali	Address (Optional)
1510 Michiga	N 1	HUENUE		()			The second second
25. City	State	ZIP Code	26. County		Telephone (Day)	8 9	28. Telephone (Evening)
LAPORTE	TNI	46350	LAPOR	TE 2	19 608-	5456	()
29. Bank or Other Depositories (List all I			high the committee	e denosits funds			
						one carety co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
LA PORTE COMMU	NI.	TY FEDE	RAL CR	rail L	LNION		
30. Exploratory Committee (Give brief state	ement expl	aining purpose of an explor	atory committee only.)	31. Salaries ar	nd Reimbursemer	nts (Will the d	committee pay the candidate a salary or copy of the contract.)
				reimbursement	t for lost wages? If	res, allach a	copy of the contract.) These Ind
SECTION C. APPOINTME	VIII OF	TOEACHDED	IC 3.0-1-14	TO SECURE A SECURE	and the state of t	CARLES AND A	(A) 医眼点染体的 (A) (A) (A) (A) (A) (A)
32. I, as Chairperson of the		acing Person Appoi	nted Treasurer		Signature	of the Com	mittee Chairperson
32. I, as Chairperson of the	nerse	on as M	1 - 1	115.11		1./	10 0111
committee, appoint the following Treasurer of the Committee.	y perse	" " I'lichAL	= (7, 11)	ollenn,	HUER //	Way	4. 11 Mutaul
33. Treasurer's Full Name Designa	ate candi	date as treasurer.	Check if this is a	a new treasurer.	/		
		LENHAUE			a		
MICHAEL F. M	1000	7/Deads Check	f this is a new add	1055 35 EAY //	Ontional	36 F-mail	Address (Optional)
34. Mailing Address (number and street, city,	0	The Control of the Co	tills is a new add	1655. 33. I AX (Optionaly	Jo. L man	Addition (Optional)
1510 MichIDAN	HVS	ENUE		()			
37. Çity	State	ZIP Code	38. County		. Telephone (Day)		40. Telephone (Evening)
LATORTE	TNI	46350	LABRITI	€ 2	19 608-5	5456	()
	1363			THE RESERVE AND ADDRESS OF THE PARTY OF THE	THE PARTY OF THE P	NEW WEST	
SECTION D. ACCEPTANC		A S S S S S S S S S S S S S S S S S S S	MUCE STATE	ourse of this	Signature of D	orson Acce	enting Appointment
41. I give notice that I accept t	he dut	ies and responsit	ance committee	surer of this	Signature of F	A A	1 Appointment
Committee. I am not the chairp	erson	of a campaign fin	ance committe	e (except as	Mikel	10.11	alhane
permitted for a candidate committee	ee unu	- 10 3-3-1-7).	对是我们从表现	SEARCH VILLE		MANAGE /	EOR OFFICE USE ONLY
SECTION E. CERTIFICATI		MANUAL COM		the Committee	and that we	have	FILED
We certify as the candidate and	the c	fully appointed Cr	halief it is true	correct and o	complete	liave	IN CLERKS OFFICE
examined this statement. To the b	estoro	n Signature of	Chairpareon	, correct and c	Date (mm/dd/y)	v)	
42. Typed or Printed Name of Chai	person	Signature of	0.00	2011			
Lichard F. Mblls	NhA	492 11 kg	hall As	pll In	un 01-13	-2020	JAN 1 3 2020
.s. Typed or Printed Name of Cand	didate	Signature of	Candidate	1	Date (mm/dd/y)	y)	JAM 10 LULU
			000	21/1	Communicación de la commun		
MICHAEL F. MOLLE	NAM	WEX// per	W 4.11	planale	le 01-13-		Kara ara s
Warning: State law requires that any c	hange in	this information be re	ported within ten	(10) days of the	e change (IC 3-9-	1-10). A	Profeshiolick
person who knowingly files a fraudulent i	report co	mmits a Level 6 D fel	onv (IC 3-14-1-16). A person who	tails to file a comp	piete ort	ERK OF LA PORTE CIRCUIT COURT
accurate report as required by the Indian	na Camp	paign Finance Law col	nmits a Class B	misgemeanor (/C	2 3-14-1-14), and	may be	
subject to civil penalties (IC 3-9-4-16, IC 3	-3-4-11,	and 10 3-9-4-10).					

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Tyes No

(CFA-4) Summary Sheet

FILE NUMBER

46-20-08

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	w name.			
MIRE MOLLENGAUER FOR COUNTY COUNTY	VCIL			
2. Acronym or Abbreviated Name (if any)	3. Com	committee Telephone Number		
N/H	(21	91608-54	54	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	is is a new address.		
E City State 7IP Code		Affiliation (if applicable)		
LAPORTE, IN. 46350	DE	MOCRAT	10	
CANDIDATE INFORMATION (For Candidate's	Committe	es Only)		
7. Full Name of Candidate (Include any nickname.)		Affiliation or If Independent	ent Candidate	
MICHAEL FRANCIS MOLLENHAUER		MOCRAT		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		inty of Residence		
COUNTY COUNCIL AT LARGE	LA	PORTE		
TYPE OF REPORT		Marie Constitution of the	ON CANDIDATES ONLY	
11. Check one:		Check one:		
Pre-Primary Pre-Election Annual Nomination Other		Pre-Cor		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend St	tatement of Orga	anization.) Dost-Co	envention	
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B	
From: 01-13-20 Through: 05-13-20		This Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		575.00		
14. Cash on hand and investments January 1, current year.			575-00	
. CONTRIBUTIONS AND RECEIPTS	THE PARTY			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		10000000000000000000000000000000000000		
15a. Itemized (Use Schedule A.)		675.00	675.00	
15b. Unitemized		0	0	
Tot. Add into the and too in both selections.	STOTAL	675.00	675.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	675.00	675.00	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)	20		自己经验公司的	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		100.00	160.00	
17b. Unitemized		O	. 0	
17c. Add lines 17a and 17b in both columns.	BTOTAL	100.00	100.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	57500	5.75,00	
19. Debts OWED BY the committee (Use Schedule D.)			是2000年200万	
20. Debts OWED TO the committee (Use Schedule E.)		-		

CER	TIFICATION			
RTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS TRUI	E, CORRECT AND COMPLETE.		
nature of Treasurer P. Mollecham	Title TREASURER	Date (mm/dd/yy) 05-13-20		
Signature of Candidate (if applicable)		Date (mm/dd/yy) 05-13-20		
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)				

FOR OFFICE USE ONLY E D
IN CLERKS OFFICE

MAY 1 3 2020

Franzischeres

CLERK OF LA PORTE CIRCUIT COURT



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

		FILE	NUM	BER		
7						
Pag	je	3	of _	3		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. MIKE MOLLENDAUER CANDICATE 1510 MICHIGAN AUE.	Contributions: Direct In-Kind (describe)	\$ 75.00	75.00	MI RE MOLLEN LAUER
LAPORTE, INI. 46350	Other Receipts: Interest Loan Miscellaneous (specify)			01-13-20
Contributor's Occupation (if required)				
PERRY STUMP 123 SAGAMORE PARKWAY	Contributions: Direct In-Kind (describe)	100.00	100.00	02-10-20
LAPORTE, JN. 46350	Other Receipts:		- OR	Mile
	Miscellaneous (specify)			MOLLENHAMER
Contributor's Occupation (if required)	Contributions:			
5 haw FREIDMAN	Direct In-Kind (describe)	500.00	500.00	04-14-20
21 GREENACRES				
LAPORTE, IN. 46350	Other Receipts: Interest Loan Miscellaneous (specify)		2	MIRE
Contributor's Occupation (if required)			,	MOLLENHAUER
4.	Contributions: Direct In-Kind (describe)	1		
	Other Receipts: Interest Loan Miscellaneous (specify)	z.		3
Contributor's Occupation (if required)			-	
5.	Contributions: Direct In-Kind (describe)			*
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ 675.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 675.00	و الشام	

State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

	FILE	NUMBER	
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Page	3	of 3	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Noble Twp. Vol. Fire Dept. Union Mills, IN.	VOL. FIRE DEPT.	Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: ACLUER TIZEM EN	#100.00	/00.00	02-10-20
Code	2	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		A	
1e		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			s
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	,		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
* p	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 100.00		
TOTAL OF ALL PA	\$/00.00				



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes

es 5

OF

(CFA-4) Summary Sheet

FILE NUMBER

40-20-08

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	Here was a series of the serie
1. Full Name of Committee (as on Statement of Organization) Check if this is a new CommiTTEE TO FLECT MIKE MOLLENHAU	MER. Co. COUNCIL
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219)608-5456
4. Mailing Address (Address where all campaign finance correspondence is received.) 1510 Michigan AVENCE,	Check if this is a new address.
LAPORTE IN. 46350	6. Party Affiliation (if applicable) DEMOCRAT
CANDIDATE INFORMATION (For Candidate's C	Committees Only)
7. Full Name of Candidate (Include any nickname.) MICHAEL F. (MIKE) MOLLEN HAUER	8. Party Affiliation or If Independent Candidate DEMUCRAT
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LAPORTE CO. COUNCIL AT - LAR 9	10. County of Residence
11. Check one:	CONVENTION CANDIDATES ONLY Check one:
☐ Pre-Primary X Pre-Election ☐ Annual ☐ Nomination ☐ Other	Pre-Convention Post-Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	tement of Organization.) Post-Convention
12. Reporting Period (mm/dd/yy):	COLUMN A COLUMN B This Period Year to Date
From: 5-14-20 Through: 10-09-20	主要是全国企业的主动性。如此其实企业的主要
13. Cash on hand and investments at the beginning of this reporting period.	575.00
14. Cash on hand and investments January 1, current year.	575.00
CONTRIBUTIONS AND RECEIPTS	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	6,200.00
15a. Itemized (Use Schedule A.)	400.00
15b. Unitemized	TOTAL 6,600,00 6,600.00
13c. Add lines 13a and 13b in both columns.	TOTAL 7, 175.00
10. Add lines 19 and 190 in Goldmin A and lines 14 and 190 in Goldmin A.	77,70200
(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	le, 326.50
17b. Unitemized	0
17c. Add lines 17a and 17b in both columns.	TOTAL 6,326.50 6,326.50
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL 848.50 848.50
19. Debts OWED BY the committee (Use Schedule D.)	1,575.00
20. Debts OWED TO the committee (Use Schedule E.)	O CONTRACTOR OF THE CONTRACTOR
	FOR OFFICE USE ONLY
CERTIFICATION	A AND AND AND AND AND AND AND AND AND AN
Signature of Treasurer Allerhauer Title TREASURER	Date (mm/dd/yy) 10-15-20 OCT 15 2020
Signature of Candidate (if applicable) WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.	Date (mm/dd/yy) 16-15-20 (IC 3-9-4-5) A person who knowingly Frey with blocks
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accural Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-	te report as required by the Indiana



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
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Page _	2	of	8		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
1820 W. 850N.	Direct			7-10-20
Michigan City, IN.	Other Receipts: Interest Loan	2,000,00	2,000.00	Mike
46366	Miscellaneous (specify)			Mollen house
Contributor's Occupation (if required)	Contributions:			
2.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)		a	
Contributor's Occupation (if required)	Contributions:	La La		
3.	☐ Direct ☐ In-Kind (describe)			
8	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	10 17 00 00 00 00 00 00 00 00 00 00 00 00 00			
4.	Contributions: Direct In-Kind (describe)	\		
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	g.		
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$2,000,00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	1 15a of the Summary Sheet.)	\$		基于对于发展



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	. FIL	E NUM	BER	
			.4	
Page _	3	of _	8	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1 X-SOFT, INC. 7275 HUNT COUNTRY LN.	Contributions: Direct In-Kind (describe) Other Receipts:	200.00	200.00	7-27-20
ZIONVILLE, IN. 46017-9372	☐ Interest ☐ Loan ☐ Miscellaneous (specify)	=	/	MIKE MOLLENHAUER
MichiANA INS. SER., INC.	Contributions: Direct In-Kind (describe)		16	8-18-20
Michigan City, IN. 46360	Other Receipts: Interest Loan Miscellaneous (specify)	250,00	456,00	Mike Mollenhaue
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			(M. H.)
4	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
			1000 State 1000 State 1	
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 450.00		
(Enter total on ITE	M 15a of the Summary Sheet.)	\$		制的對於是是



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
LABORERS LOCAL 81 3502 ENTERPRISE, AVE. VALPARAISO, IN. 46383-6953	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	300.00	300.00	8-12-20 MIKE MOLLENDAUER
IRON WORKERS LOCAL 395 6570 AMERIPLEY DR. PORTAGE, IN. 46368	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	500.00	800.00	8-18-20 Mike Mollenhoush
3. IBEW LOCAL 531 2151 STATE Rd. 39 N. POBON518 LAPORTE, IN. 46352-0518	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	150.00	950,00	9-15-20 MIKE MOLLENHAUER
CARPENTERS LUCAL 1485 1104 E. 6th ST., LAPORTE, IN. 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	300.00	1,250.00	9-18-20 Miĥe Mollenhauer
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) THIS PAGE OF SCHEDULE A	\$1,250.00		
TOTAL OF ALL PAGES OF SCHEDULE		\$		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	5	of _	8	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	(mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
LAPORTE CO. DEMOCRATIC	Contributions: Direct In-Kind (describe)			7-10-20
LAPORTE CO. FAIRGROUNDS	Other Receipts:	1,000,00	1,000,00	MIKE NOLLENDAMER
LAPORTE, IN. 46350	Miscellaneous (specify)		1	MOLLEND AUER
2.	Contributions: Direct In-Kind (describe)			.7
	Other Receipts: Interest Loan Miscellaneous (specify)	31 × ² - 8		
3.	Contributions: Direct In-Kind (describe)			
4	Other Receipts: Interest Loan Miscellaneous (specify)	25		
4,	Contributions: Direct In-Kind (describe)	.a		
	Other Receipts: Interest Loan Miscellaneous (specify)		21	
5	Contributions: Direct In-Kind (describe)		.5	e e el ese es e
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 1,000.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$4700.00		
(Enter total on ITEI	A 15a of the Summary Sheet.)	7,100.00		制作的性質的發展的影

Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

	FILE	NUMBER	
Page	6	_of_8	

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Buy Cool Promotions 623 STATE ST. LAPORTE, IN. 46350	CAMPAIQN PROMOTIONS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	529.65	529.65	5-16-20
DEMOCRATIC CENTRAL LAPORTE FAIRQUOUNG LAPORTE, IN. 46350	1 Access ment	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	575,00	1,104.65	7-8-20
BURKHART Advertis PO BOX 536 South BEND IN.	ing BILLBUARd	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	757.75	1,862,4	0 9-3-20
Buy Cool Promotion 623 STATE ST. LAPORTE, IN. 4638	S CAMPAIGN	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: ARCL Sign		3,494.1	9-10-20
WEFM RADIO 1903 Spring LAND AN Michigan City, IN.	POLITICAL E. RADIO.	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Adver Tisin		3,935.15	9-12-20
WESTUILE PRINTING 361 MAIN ST. POB WESTUILE, IN: 391	POLITICAL X617 HANDOUT	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	219.35	4,154.3	9-18-20
WEEM RADIO 1903 Spring LAND A MichigAN City IN.	0 '	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		4,868,5	10-1-20
	SUBTOTAL THIS PA		486850		
TOTAL OF ALL P.	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY the Summary Sheet.)	\$		
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Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

14.	FILE NUMBER			
Page	7.	_ of _	8_	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
WLOI- WCOE RADI 1700 LINCOLNWAY LAPORTE, IN. 46350	RADIO. ALVERTISING	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: DUER IISING	918.00	5,786.50	10-9-20
Code Radio	POLITICAL RADIO	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Rurpose: □ CUER TISING	540,00	6,326.5	10-9-20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		i.	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		14	, de c
. Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PA	GE OF SCHEDULE B	1458.00		
TOTAL OF ALL P	SUBTOTAL THIS PA AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY the Summary Sheet.)	6326.50		

State Form 4606 (R15 / 5-19) Flection Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

... STRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FIL	E NUN	BER		
				:	
	2				
Page	8	of	·	3	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
MIKE MOLLENHAUER 1510 MICHIGAN AVE	•	#1,075.00	06-09-2	1,075.00	1075 0
LAPORTE, IN. 40350	The state of the s	LOAN			, , , , ,
MIKE MOLLENHAUE 1510 MICHIGAN AVE	R	500.00 LOAN	9-61-20	1,575.00	1575 00
LAPORTE, IN. LENDER'S OCCUPATION:	"	LOAN	7, 20	8	,, = ,0,00
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LENDER'S OCCUPATION:	8	io.	5 P		
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LONGTON COMPLETION	н				
LENDER'S OCCUPATION:				11 2	
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LENDER'S OCCUPATION:					
*				,	
LENDER'S OCCUPATION:				v -	
	*				s s
S OCCUPATION:			-3	,	
9		SUBTOTAL	. THIS PAGE OF	SCHEDULE D	\$1,575.00

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)

\$ 1,575.00



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

OF

(CFA-4) **Summary Sheet**

FILE NUMBER 46-20-08 **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new CommITTEE TO FLECT MIKE MOLLENDAU	name.	Co. Counc	ic
2. Acronym or Abbreviated Name (if any)		mittee Telephone Number 9) 608-54	
4. Mailing Address (Address where all campaign finance correspondence is received.) 1510 Michigan AVENUE,	Check if th	nis is a new address.	
5. City, State, ZIP Code LAPORTE, IN. 46350	Di	Affiliation (if applicable)	2
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nickname.)	-	Affiliation or If Independe	nt Candidate
MICHAEL F. (MIKE) MOLLENDAUER		EMOCRAT	
9 Office Sought (Include district number, if any, Not required for exploratory committee.)	10. Cou	unty of Residence	2
LAPORTE CO. COUNCIL AT LARGE	LA	PORTE	
TYPE OF REPORT		SHOW IN THE RESIDENCE	ON CANDIDATES ONLY
11. Check one:		Check one:	westien
Pre-Primary Pre-Election Annual Nomination Other	561		V/2-10/3/1-2-2-3-2-10/
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	tement of Org	anization.)	Wention
12. Reporting Period (mm/dd/yy):		COLUMN A This Period	COLUMN B Year to Date
From: 10-10-20 Through: 12-28-20			rear to bate
13. Cash on hand and investments at the beginning of this reporting period.		848.50	010 cm
14. Cash on hand and investments January 1, current year.	5 P. Villago		848.50
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	A STATE OF		
		0	
15a. Itemized (Use Schedule A.)		0	
15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUB1	TOTAL	0	
	TOTAL	848.50	848.50
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		848.50	848.50
17b. Unitemized		0	
	TOTAL	0	0
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0	
19. Debts OWED BY the committee (Use Schedule D.) DEBT FORGIVEN	,	84850	医型外工学型
20. Debts OWED TO the committee (Use Schedule E.)		OFIL	
20. Debts OWED TO the committee (Use schedule E.)		FINE	ERRO OFFICE
CERTIFICATION			FOR OFFICE USE ONLY
Signature of Treasurer Signature of Treasurer Title TREASURER	RUE, CORI	Date (mm/dd/yy)	2 8 2020
Signalure of Candidate (if applicable)	1.	X-XD-EDERNOFILA	Hywalhobrek PORTE CIRCUIT COURT
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose, files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accura Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-	ite report as	A person who knowingly s required by the Indiana	



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

	FILE NUI	MBER	
7.50	1000		
Page _	2_0	3	ů.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
MichAEL F. MOLLENHAUER		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	84P.50		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	4 ⁴		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			and the second
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	9		
Code	A	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other			
		Purpose:			
	SUBTOTAL THIS PAG		\$		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t	he Summary Sheet.)	848.50		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER							
Page	3	of _	3.				

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS	
		NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD	
MIKE MOLLENHAUER		848.50		fyr. 50	6.60	
MIKE MOLLENHAUER 1510 MICHIGAN AUE. LAPORTE, IN. 46350 LENDERS OCCUPATION		848.50 LOAN	10-10-20	0 70.00	848.50	
	(Ac	18				
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
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LENDER'S OCCUPATION:			* - *		264.443	
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LENDER'S OCCUPATION:						
SUBTOTAL THIS PAGE OF SCHEDULE D						
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)						